UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORKX	
RASHAUN BLANFORD,	
Plaintiff,	DECLARATION OF SHANE BANKS
-against-	21 01 021
CORRECTION OFFICER S. BANKS, et al.,	21-CV-0231
	TJM/CFH
Defendants.	

SHANE BANKS, on the date noted below and pursuant to § 1746 of Title 28 of the United States Code, declares the following to be true and correct under penalty of perjury under the laws of the United States of America:

- 1. I am a defendant in the above-captioned action and submit this declaration in support of Defendants' motion for summary judgment.
- 2. This declaration is based upon my personal knowledge, a review of the records kept in the usual course of business by the New York State Department of Corrections and Community Supervision ("DOCCS"), and DOCCS policy and procedures.
- 3. I have been employed by DOCCS as a Correction Officer for approximately ____ years.
- 4. At all times in February of 2021, the period relevant to plaintiff's claims, I was assigned to Marcy Correctional Facility ("Marcy C.F.") as a Correction Officer.
- 5. It is my understanding that Plaintiff in this action, Rashaun Blanford ("Plaintiff"), alleges that I: (1) failed to intervene during a use of force at Marcy C.F on February 2, 2021; and (2) sexually assaulted Plaintiff during the February 2, 2021 use of force.

- 6. On February 2, 2021, I was working at Marcy C.F. when I was directed by Sergeant Davis to escort an incarcerated individual from his cell to the contraband watch unit. Sergeant Davis and Correction Officer Johnson accompanied me to an incarcerated individual's cell for the escort.
- 7. Upon arriving at cell A2-47, Sergeant Davis advised the incarcerated individual, who I later learned was Plaintiff, that he was being escorted to the contraband watch unit.
- 8. Sergeant Davis instructed Plaintiff to place his hands through the cell hatch so his wrists could be placed in mechanical restraints for the escort pursuant to DOCCS policies. Plaintiff complied with Sergeant Davis' direct order and placed his hands behind his back, then put them through the cell door hatch. Officer Johnson then placed mechanical restraints on Plaintiff's wrists. Next, Plaintiff removed his hands from the cell door hatch and stepped into his cell so I could open the cell door. I then opened the cell door, at which time I observed that Plaintiff had a pillow case containing his property between himself and the cell door.
- 9. Officer Johnson took hold of Plaintiff's wrists as I knelt down to move Plaintiff's property out of the way so he could safely exit the cell. As I was moving Plaintiff's property out of the way, Plaintiff attempted to kick me with a backwards mule style kick.
 - 10. Because Plaintiff had attempted to assault me, it was necessary for me to use force.
- 11. I immediately took control of Plaintiff's left leg with my left hand and Plaintiff's right ankle with my right hand. While I took control of Plaintiff's lower body, Officer Johnson took control of Plaintiff's upper body. Officer Johnson and I then collectively forced Plaintiff to the floor, face first.
- 12. Once Plaintiff was on the floor, he continued to resist, despite direct orders to stop.

 I sat on Plaintiff's right leg and took control of Plaintiff's left leg with both hands, crossing it in a

2

position where he could no longer attempt to kick me. I then continued to hold onto Plaintiff's left leg until responding officers arrived.

- 13. Once responding officers arrived, Plaintiff's ankles were placed in mechanical restraints, at which point Plaintiff ceased his resistance, and I released Plaintiff's left leg.
 - 14. Once Plaintiff ceased his resistance, I ceased all force against Plaintiff.
- 15. Responding officers then took control of Plaintiff and escorted him off the housing unit.
 - 16. In all, the incident took less than two minutes.
- 17. After the above-described incident, I had no further encounters with Plaintiff on February 2, 2021.
- 18. Sergeant Davis was present for the entirety of the incident and was immediately behind or beside Officer Johnson and me.
- 19. All of the force I used during the above-described incident was necessary in order to gain control of Plaintiff and prevent him from further attempts to assault me.
- 20. The force I utilized against Plaintiff was the minimum amount of force necessary to gain Plaintiff's compliance and maintain the safety of the facility, incarcerated individuals, and DOCCS staff members.
- 21. I did not, at any point during the use-of-force incident, apply any other force than as described above.
- 22. I did not, at any point during the use-of-force incident, observe any behavior which required me to intervene to protect Plaintiff.

- 23. Shortly after the incident, I prepared and executed a Use-of-Force Report detailing the circumstances surrounding the incident. Annexed hereto as **Exhibit A** is a true and accurate copy of the Use-of-Force Report.
- 24. Inasmuch as Plaintiff alleges that I sexually assaulted him during the documented use-of-force incident on February 2, 2021, this is patently untrue.
- 25. Plaintiff alleges that I "sexually touched" his buttocks during the use-of-force incident, which I vehemently deny.
- 26. While I may have made incidental contact with Plaintiff's buttocks during the documented use-of-force incident involving Plaintiff, it was only so that I could gain control of Plaintiff while he was violently resisting and attempting to assault me.
 - 27. As soon as Plaintiff ceased his resistance, I ceased all force against Plaintiff.
- 28. The force I utilized and any contact I made with Plaintiff was necessary to maintain the safety and security of the facility and would not have been initiated if Plaintiff had not attempted to assault me.
- 29. I do not recall having any interactions with Plaintiff prior to the events of February 2, 2021 described in this declaration.
- 30. At all times in dealing with Plaintiff, I interacted with Plaintiff in the same manner as I interacted with any similarly situated incarcerated individual during my employment with DOCCS.
- 31. At all relevant times, I conducted myself in accordance with my responsibilities as a Correction Officer, in a manner consistent with the regulations of DOCCS and what I understood

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my obligations under state and federal law to be.

Dated: Marcy, New York September 23, 2022

Shane Banks

Exhibit A

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 7 of 37 UNS571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION 02/09/21 USE OF FORCE REPORT 12:47:07 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00 INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO. GEN LOC. 17 MENTAL HLTH SPEC LOC. · CB LOG NO. INMATE DIN/NYSID ETHNIC ROLE BLANFORD, RASHAUN 18B0908 BLK PERP STAFF INVOLVED TITLE FORCE1 FORCE2 FORCE3 LEONE, VINCENT V CO MECH RESTR JOHNSON, DAVID M CO BODY HOLD BANKS, SHANE R CO BODY HOLD

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE: ON 2/2/21 AT APPROXIMATELY 12:35 P.M. INMATE BLANDFORD #18B0908 WHILE EXITING HIS CELL TO BE PLACED ON CONTRABAND WATCH, ATTEMPTED TO KICK STAFF.

DESCRIPE ACTUAL CORCE HEED.

DESCRIBE ACTUAL FORCE USED:
OFFICER JOHNSON TOOK CONTROL OF THE MECHANICAL WRIST RESTRAINTS WITH HIS
RIGHT HAND, HIS LEFT ARM WRAPPED AROUND INMATE'S UPPER TORSO. OFFICER BANKS
TOOK CONTROL OF INMATES LEFT LEG WITH HIS LEFT HAND AND HIS RIGHT HAND ON
INMATE'S RIGHT ANKLE, TOGETHER THEY FORCED INMATE TO THE FLOOR FACE FIRST.
ONCE ON THE FLOOR OFFICER JOHNSON USED HIS LEFT HAND TO CONTROL THE
MECHANICAL WRIST RESTRAINTS AND HIS RIGHT FOREARM APPLYING DOWNWARD
PRESSURE ON INMATE'S UPPER BACK AREA. OFFICER BANKS SAT ON INMATE'S RIGHT
LEG AND TOOK CONTROL OF THE INMATE'S LEFT ANKLE WITH BOTH HANDS. BOTH
OFFICERS MAINTAINED THEIR HOLDS UNTIL OFFICER LEONE APPLIED THE MECHANICAL
LEG RESTRAINTS, AT WHICH TIME INMATE BLANFORD BECAME COMPLIANT, ENDING

FORCE.

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UNS571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

02/09/21 12:47:07 USE OF FORCE REPORT

UF LOG NO. 210019.00

INCIDENT DATE 02/02/21 TIME 12:35PM

UI CCC NO.

GEN LOC. 17 MENTAL HLTH SPEC LOC.

CB LOG NO.

INMATE

DIN/NYSID ETHNIC ROLE

MARCY RES MNTL HLTH UNIT

BLANFORD, RASHAUN

18B0908 BLK PERP

NURSE

EXAMINERS NAME

S. DEROCCO

TITLE

EXAM DATE TIME

02/02/21 12:38PM

PART B - PHYSICAL EXAMINATION/TREATMENT REPORT:

NO INJURIES NOTED

SUPERVISOR REVIEW:

AUTHORIZED BY:

WAS INCIDENT VIDEOTAPED? YES

WAS VIDEOTAPE REVIEWED?

DATE: / /

WERE USE OF FORCE PHOTOS TAKEN? YES PER DIRECTIVE

WERE USE OF FORCE PHOTOS REVIEWED? YES

WAS STAFF MEMBER INJURED? NO

WAS STAFF SEEN BY MEDICAL? YES PER DIRECTIVE

WAS INMATE INJURED? NO

WAS INMATE SEEN BY MEDICAL? YES PER DIRECTIVE

WAS THE UF MEMO COMPLETED? YES

WAS THE INMATE RETURNED TO THE CELL? NO TRANSFERED TO: RM-B2-50

REPORTED BY: SGT REVIEWED BY: LT

DAVIS PYKE

DATE: 02/02/21

DATE: 02/02/21

REVIEW AND EVALUATION BY SUPERINTENDENT:

THE FORCE USED BY STAFF, IN THE FORM OF BODY HOLDS, WAS NECESSARY TO GAIN CONTROL OF A COMBATIVE INMATE. THE FORCE WAS MINIMAL, SERIOUS INJURY AVOIDED AND ORDER WAS RESTORED.

SPT PATRICK REARDON

SUPERINTENDENT

02/09/21 DATE

PAGE 2

Defendant 000002

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 9 of 37 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION UNS571 -02/02/21 USE OF FORCE REPORT 14:39:52 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00 INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO. GEN LOC. 17 MENTAL HLTH SPEC LOC. CB LOG NO. INMATE DIN/NYSID ETHNIC ROLE BLANFORD, RASHAUN 18B0908 BLK PERP STAFF INVOLVED FORCE1 FORCE2 TITLE FORCE3 LEONE, VINCENT V CO MECH RESTR JOHNSON, DAVID M c_0 BODY HOLD BANKS, SHANE R CO BODY HOLD

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE:

ON 2/2/21 AT APPROXIMATELY 12:35 P.M. INMATE BLANDFORD #18B0908 WHILE

EXITING HIS CELL TO BE PLACED ON CONTRABAND WATCH, ATTEMPTED TO KICK

STAFF.

DESCRIBE ACTUAL FORCE USED:

DESCRIBE ACTUAL FORCE USED:

OFFICER JOHNSON TOOK CONTROL OF THE MECHANICAL WRIST RESTRAINTS WITH HIS RIGHT HAND, HIS LEFT ARM WRAPPED AROUND INMATE'S UPPER TORSO. OFFICER BANKS TOOK CONTROL OF INMATES LEFT LEG WITH HIS LEFT HAND AND HIS RIGHT HAND ON INMATE'S RIGHT ANKLE, TOGETHER THEY FORCED INMATE TO THE FLOOR FACE FIRST. ONCE ON THE FLOOR OFFICER JOHNSON USED HIS LEFT HAND TO CONTROL THE MECHANICAL WRIST RESTRAINTS AND HIS RIGHT FOREARM APPLYING DOWNWARD PRESSURE ON INMATE'S UPPER BACK AREA. OFFICER BANKS SAT ON INMATE'S RIGHT LEG AND TOOK CONTROL OF THE INMATE'S LEFT ANKLE WITH BOTH HANDS. BOTH OFFICERS MAINTAINED THEIR HOLDS UNTIL OFFICER LEONE APPLIED THE MECHANICAL LEG RESTRAINTS, AT WHICH TIME INMATE BLANFORD BECAME COMPLIANT, ENDING FORCE.

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PAGE 1.01

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 10 of 37 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION 02/02/21 USE OF FORCE REPORT 14:39:52 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00 INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO. GEN LOC. 17 MENTAL HLTH SPEC LOC. CB LOG NO. INMATE DIN/NYSID ETHNIC ROLE BLANFORD, RASHAUN 18B0908 BLK EXAMINERS NAME TITLE EXAM DATE TIME S. DEROCCO NURSE 02/02/21 12:38PM

PART B - PHYSICAL EXAMINATION/TREATMENT REPORT: NO INJURIES NOTED

SUPERVISOR REVIEW: WAS INCIDENT VIDEOTAPED? YES WAS VIDEOTAPE REVIEWED? NO AUTHORIZED BY: DATE: WERE USE OF FORCE PHOTOS TAKEN? YES PER DIRECTIVE WERE USE OF FORCE PHOTOS REVIEWED? YES WAS STAFF MEMBER INJURED? NO WAS STAFF SEEN BY MEDICAL? YES PER DIRECTIVE WAS INMATE INJURED? NO WAS INMATE SEEN BY MEDICAL? YES PER DIRECTIVE WAS THE UF MEMO COMPLETED? YES WAS THE INMATE RETURNED TO THE CELL? NO TRANSFERED TO: RM-B2-50 REPORTED BY: SGT DAVIS DATE: 02/02/21 REVIEWED BY: LT PYKE DATE: 02/02/21

REVIEW AND EVALUATION BY SUPERINTENDENT:

DATE

PAGE 2

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FORM # 2104 (3/16) 1 OF 2 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

Ref. Directives #4004, 4944 (Prior To Completing Form, See Reverse For Instructions

USE OF FORCE REPORT

REPORTING STAFF				REPORTING STAFF		
Name:	J.DAVIS	J.DAVIS T		 Title:	Sergeant	
Marcy Correctional Facility	T	ebruary 2, 2021				
FACILITY:	1	·		Facility Use of Force	2 1 -	0 1 9
· · · · · · · · · · · · · · · · · · ·	Incident Dat	e:	···			
RMHU A2-47 CELL		12:35 P.M		If Unusual Incident,		
Incident Location:	Incident Tim	e:		CCC Log #:		
1. REPORT OF INCIDENT						
INMATE(S) INVOLVED			per a pe			
Name		DIN		Cell/Cube Locations	Role Code*	*01 Bystander
Blandford,R		18B0908		RM-A2-47	03	02 Participant 03 Perpetrator
**************************************			************			04 Suspect 05 Victim
					1	06 Witness
IDENTIFY ALL STAFF INVOLVE	D IN THE US	E OF FORCE (UOF	7			
1. CO S.BANKS	· · · · · · · · · · · · · · · · · · ·	·	5.			
2. CO. J.JOHNSON			6.			
3. CO S.BANKS			7.			
4.	S		8.			
IDENTIFY ALL STAFF PRESENT	T DURING TH	IE UOF			· · · · · · · · · · · · · · · · · · ·	
1. SGT J.DAVIS			√5.			
2. LT S.PYKE		. 3	6.			
3. LT A. KIERPIEC			7.			
4.	ITC L FADING	UP TO TUE APPUID	8.			
DESCRIBE, IN DETAIL, THE EVEN the following information: Reason yo	ou were at that	location: description	of de-e	I OF FORCE (This should i	nclude, but not b	e limited to,
effort.)		rosalion, accomplian	31 GO G	oodiation attempt(s) made a	na minate s respon	ise to that
On 2/2/21 at approximately 1	.2:35 p.m. Ir	mate Blandford #	18BC	908 while exiting his co	ell to be placed	on contraband
watch, attempted to kick staf	f.			,		
		4				
		1				
J.DAVIS REPORTER - NAME		+Jw-		Sergean	<u> </u>	02/02/21
TIEL OTHER - MAIVE		Signature	سنجيب	Title		Date

CONTINUED

FORM # 2104 (3/16) Part A 2 of 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_ other There are _ reports filed under this Use of Force Log #

Ref. Directives #4004, 4944

REPORTER - Name

USE OF FORCE REPORT 01 Baton 03 Chemical Agents 05 Use of Firearms 07 Strike TYPE OF FORCE USED 02,04 02 Body Holds 04 Mechanical Restraints 06 Shield 99 Other DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter; Individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.) Officer Johnson took control of the mechanical wrist restraints with his right hand, his left arm wrapped around inmate's upper torso. Officer Banks took control of inmates left leg with his left hand and his right hand on inmate's right ankle, together they forced inmate to the floor face first. Once on the floor Officer Johnson used his left hand to control the mehanical wrist restraints and his right forearm applying downward pressure on inmate's upper back area. Officer Banks sat on inmate's right leg and took control of the inmate's left ankle with both hands. Both officers maintain there holds until Officer Leone applied the leg mechanical leg restarints, at which time inmate Blanford became compliant, ending force. DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information; Description of any injuries you sustained.) Inmate Blanford was assisted to his feet and escorted to medical and evaluated by RN DeRocco with no injuries noted. From medical inmate was escorted to the reception strip frisk room and a strip frisk was conducted with no contraband found. Inmate Blanford was escorted to B-2-50 cell and secured without incident .All involved staff was seen by medical with no injuries to report and all remained on duty. All pertinent paperwork completed and submitted.

Signature

02/02/21

Sergeant

FORM #2104A (3/16) 1 of 2 Ref. Directives #4004, #4944 (Prior To Completing Form, See Reverse For Instructions) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF		
Name: J. Johnson		Title: C.O.		
FACILITY: Mascy Incident Date	e: 2 2 21	Facility Use of Force:	<u>a</u> 11 -	019
A2-47 cell Incident Location: Incident Time	ne: 12'.35pm		-	,
I. REPORT OF INCIDENT				
INMATE(S) INVOLVED				
Blanford, R.	18130908	Cell/Cube Locations A2-47	Role Code*	*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim
IDENTIFY ALL STAFF INVOLVED IN THE USE O)T FOROE (1105)			06 Witness
1. Johnson, J. C. O	5.		,	
2. Banks. S. C.O	6.	- L		
3.	7.			
4.	8.		*	
IDENTIFY ALL STAFF PRESENT DURING THE L				
1. Sat. Davis	5.			
2. L. Pyke	6.			
3.Lt. Kiespiec	7.			
4.	8.		4	
DESCRIBE, IN DETAIL, THE EVENTS LEADING the following information: Reason you were at that effort.)	UP TO THE APPLICATIO location; description of de-	N OF FORCE (This should escalation attempt(s) made	include, but not and inmate's re	be limited to, esponse to that
Myself and another		ere taking	inment	e ,
Blanford, R, 18B0908		1 A2-47 173	, be pl	laved
on a contraband was	igh - 1 app	ligd mugha	yeal v	ncist
	sate and,	the cell		Wes
called to be open.	Unive th	e cell doc	or Maz	= 46en
	one of h	is busheuth	1:0	Hollie
to remove the Desce	7	iy. Anotheri	0+9:2e	7 - 37
back and then did	ecty are	1/5 / water	The We	Siboni
	a mule	DICK OI	1,40	17.001.
	1			
J. Johnson REPORTER - Name	Signature	Title	21	2/21 Date
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Dist.: Original – Superintendent

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FORM 2104A (3/16) 2 of 2 Ref. Directive #4004, #4944 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

	TYPE OF FORCE USED	02 O1 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 99 Other
	used; description of any hold	or strike used; if chemical ac	This should include, but not be lim lecessary under the circumstance gent(s) was used, name of author		nation if known by on or equipment
to de la constitución de la cons	control of t	he mechanic	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, (50/6
	my lest an			gints and	used
	1	-cc . d -	to the floor	Once on the	Thouses
-	I, used my	lest hand	and controlled	the mechanis	113-1
ŀ	restraints and	\sim 11	sed my rial	A Forgera	on the
1	poessure unt		mates back	and applied	downwan
Ī,	prechanical le	a reservice	1,	compliant 10	ind
_	was used.	2 1031191418	were applied	· No tarth	es force
L					
_					
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)	
- 4			,		
D	ESCRIBE, IN DETAIL, ACTIO	ON(S) TAKEN FOLLOWING	THE UOF (This should include, b	out not be limited to, the fol	lowing
111	formation: Description of any j	inunes you sustained.)	Al		
Ł		with no	injuries to	es and re	sported
<i>3</i> 7	nd remained	on duty.	3	epo17 of 46	3 Time
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		1			
7	Johnson				
	REPORTER - Name	Signati	ure	Title 2/	2/21 Date
	-				

Dist.: Original - Superintendent

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 15 of 37

FORM #2104A (3/16) 1 of 2 Ref. Directives #4004, #4944 (Prior To Completing Form, See Reverse For Instructions) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		DEPOSTING OF LET	<u> </u>	
Name Praye 6	·	REPORTING STAFF		
Name: Banks, S.		Title: (,O .		
Morey				
FACILITY: RMHU Incid	dent Date: 2/2/2/	Facility Use of Force:	21	-019
Bld9#30	tone bate. E/E/E/			
A	A 1025)			
	ent Time: Aprice 1235/pm	*	• •	
I. REPORT OF INCIDENT				ender eine
INMATE(S) INVOLVED			The software some states in the safety	त्रवरीय १० का प्रदेशको कृतिक स्टब्स्ट्रास्ट्रास्टर •
Name	DIN	Cell/Cube Locations	Role Code*	*01 Bystander
Blanford	1880908	A-2-47	03	02 Participant 03 Perpetrator
,				04 Suspect 05 Victim
				06 Witness
IDENTIFY ALL STAFF INVOLVED IN THE	USE OF FORCE (UOF)			I
1. Johnson, J. Co.	5.			
2. Bunks, S. / co.	6.			
3.	7.			_
4.				
DENTIFY ALL STAFF PRESENT DURING	THE UOF			
Day 13, J. / 59+.	5.	i		
Pyle, s. /2. T	6.			
s. herpec/L.T	7.	4		
DESCRIPE IN DETAIL THE ENGINEER	8.	•		
DESCRIBE, IN DETAIL, THE EVENTS LEAD ne following information: Reason you were a	DING UP TO THE APPLICATION	OF FORCE (This should i	nclude, but not l	be limited to,
ne following information: Reason you were at ffort.)	that location, description of de-es	scalation attempt(s) made	and inmate's res	sponse to that ·
While taking	Inmate Blanford	(1809088)	ut of h	ui S
(21) (A-2-47) immade	Blanford attempte	d to mule	11 10	45 1e
s I was bent over	trying to move	his property or		
my so that he could	be removed from	his cell.	3, 6+ 71	16

			•	
	,			
S. Banks		<u></u>		10/01
REPORTER - Name	Signature	Title		Date

Dist.: Original - Superintendent

CONTINUED

FORM 2104A (3/16) 2 of 2 Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

TYPE OF FORCE USED 01 Baton 03 Chemical Agents 05 Use of Firearms 07 Stri 02 Body Hold 04 Mechanical Restraints 06 Shield 99 Oth	
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if k reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equused; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)	nown by ipment
I then took control of inmate Blanfords left lea	•
with my left hard and his right ankle area with my right hard	
and inmote Blanford was brought to the floor. Once on the floor	
I sat on his right leg and then took control of his left an	ikle
area with both my hands to mainteen control until les restrains	-5
	me
compliant and no other force was used by muself or any one e	lsc.
3 3	
· ·	
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)	
I was then released after innute Blandord became	
Compliant. Innate Blanford was escarted to medical to be seen and	then
went to be strip frished collemands. I than went to medical to be	
Seen with no injuries to report to myself and remained on d.	٠, ١
·	
	1

Signature Title Da	2-/ ite

Dist.: Original – Superintendent Copy – Guidance Unit file(s) of inmate(s) involved

FORM #2104A (3/16) 1 of 2 Ref. Directives #4004, #4944 (Prior To Completing Form, See Reverse For Instructions) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		***	REPORTING STAFF		
Name: V. Legge	Title: C.O.				
FACILITY: Marcy LM Hig Incident Dat	te: 2/2/0	2/	Facility Use of Force:	27-	019
	ne: 12:35 f	(M			
I. REPORT OF INCIDENT			1877 Nac American		
INMATE(S) INVOLVED					
Blanford R	18809	08	Cell/Cube Locations	Role Code*	*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness
IDENTIFY ALL STAFF INVOLVED IN THE USE O	OF FORCE (UOF)	,		
1. Banks 5 C.a		5.			
2. Tohnson J CO		6.	,		
3. Leone V C.a		7.			
4.		8.			
IDENTIFY ALL STAFF PRESENT DURING THE U	JOF				
1. Sat Davis		5.			
2. L. Pyke		6.			
3. L+ Kierfiec		7.		• .	
4.		8.			
DESCRIBE, IN DETAIL, THE EVENTS LEADING the following information: Reason you were at that effort.)	UP TO THE APP location; descript	PLICATION tion of de-es	OF FORCE (This should calation attempt(s) made	include, but not and inmate's re	be limited to, esponse to that
I Officer Leave	Kusfa.	red	toa	Respons	e.
at A2-47 Cell	Once	at to	a coll 7	- obser	-ved
Officers Holding Ins	rate Bl	an Fact) 18B0908	tot	he Floor
in Front & U A2-4:	7 cell.		1		
			4		····
		 		M-11	
		T-T-V-1			
-					
			······································		
<u> </u>					
1//	MID				
REPORTER - Name	Signature	200			2-2-2/ Date

Dist.: Original – Superintendent Copy – Guidance Unit file(s) of inmate(s) involved

CONTINUED

FORM 2104A (3/16) 2 of 2 Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

TYPE OF FORCE USED	01 Baton 02 Body Hold			07 Strike 99 Other
reporter, individuals involved i	in event; reason force was	O (This should include, but not be is necessary under the circumsta I agent(s) was used, name of aut	inces: description of any wea	rmation if known by pon or equipment
to Innate Apoled Mec	Blanfers Ds,	then Applied, Right Ankle	Mechanical. Once Seco	Les Restrants
Left Ankle	The James touce	nate then beg	ame Compli	ent
	· · · · · · · · · · · · · · · · · · ·	,	——————————————————————————————————————	
Information: Description of any	y injuries you sustained.)	VING THE UOF (This should incl	ude, but not be limited to, the	e following
and Escorted	Hssissted ; him out	Inmote Bland		s teet
Be Seen By	the Melica	2 11	then Betu	roed
			-	
V Le us	ne	Signature Signature	<i>Cû</i> Title	2-2-21 Date

Dist.: Original - Superintendent Co

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 19 of 37

FORM # 2104A (3/16) 1 OF 2 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

Ref. Directives #4004, 4944 (Prior To Completing Form, See Reverse For Instructions

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF				REPORTING STAFF		
Name:	S. Pyke			Title:	Lieutenar	nt
Marcy Correctional Facility						
FACILITY:	Incident Date:			Facility Use of Force	2 1 -	0 1 9
RMHU	12	::35 P.M.				
Incident Location:	Incident Time:			·		
1. REPORT OF INCIDENT						
INMATE(S) INVOLVED						
Name		DIN		Cell/Cube Locations	Role Code*	*01 Bystander
Blanford, R	· · · · · · · · · · · · · · · · · · ·	18B0908		A2-47	3	02 Participant 03 Perpetrator
						04 Suspect 05 Victim
						06 Witness
IDENTIFY ALL STAFF INVOLVE	D IN THE USE C	F FORCE (UOF)				
1. Banks CO			5.			
2. Johnson CO			6.			
3. Leone CO			7.			
4.			8.			
IDENTIFY ALL STAFF PRESENT	T DURING THE U	JOF				
1. Davis Sgt			5.			
2. Kierpiec A/ Capt.			6.			
3. Pyke LT			7.			
4.			8.			
DESCRIBE, IN DETAIL, THE EVEN	NTS LEADING UP	TO THE APPLICA	ATION	OF FORCE (This should	include, but not l	oe limited to,
the following information: Reason yo	ou were at that loc	ation; description o	f de-e	escalation attempt(s) made a	ınd inmate's respo	onse to that
effort.) Inmate Blanford, R 18B0908 R	M- A2-47 was b	aing romoved fr	am hi	is call to be blaced on D	CTD status As	Blanford evited
the cell he kicked rearward at s			JI I. I. I. I.	is cell to be placed off n	OTF Status. As	bianioru exited
ino oon no monoa rea, wara ar o	nan bat ala not	in them.			,	
-						
		•				
		101.				
S. Pyke		1 Pala Lt		Lieutena	nt	02/02/21
REPORTER - NAME		Signature		Title		Date

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 20 of 37

CONTINUED

FORM # 2104A (3/16) Part A 2 of 2 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

03 Chemical Agents

04 Mechanical Restraints

There are ____ other reports filed under this Use of Force Log #

07 Strike

99 Other

05 Use of Firearms

06 Shield

Ref. Directives #4004, 4944

TYPE OF FORCE USED

USE OF FORCE STAFF MEMORANDUM

01 Baton

02 Body Holds

N/A

DESCRIBE, IN DETAIL, THE ACTU	AL FORCE USED (This should incli	ide but not be limited to the fell	awing information if known by
tne reporter; individuals involved in e	event; reason force was necessary u	inder the circumstances; descript	tion of any weapon or
equipment used; description of any h	nold or strike used; if chemical agent	t(s) was used, name of authorizir	ng individual.)
Staff used body holds to take Blar	ntord to the floor face first and he	ld him there untill responding	staff applied mechanical leg
estraints. Once the restraints we	re in place Blanford became com	npliant and all force ceased. A	At no time did I use force.
		•	
		•	
		4	
	•		
DESCRIBE, IN DETAIL, ACTION(S)	TAKEN FOLLOWING THE UOF (T	his should include, but not be lim	nited to the following
nformation; Description of any injurie	es you sustained.)	:	
lanford was assisted to his feet by uninvo	olved staff and escorted to medical for as	sessment. He was then strip frisked	and admitted to RM-B2-50 on a 1 on 1
atch. I returned to my normal duties.	•		
			·
			•
		· · · · · · · · · · · · · · · · · · ·	
	IAA,		
S. Pyke REPORTER - Name	1.14/26.	Lieutenant	02/02/21
neron (en - Name	Signature	Title	Date
		d d	

FORM #2104A (3/16) 1 of 2 Ref. Directives #4004, #4944 (Pnor To Completing Form, See Reverse For Instructions)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF					
l <i>V</i> . c			REPORTING STAFF		
Name: A. Kiespiec			Title: Lt.		
/, /			Title.		
	~ /	1	Facility Use of Force:	[2]7].	0/9
FACILITY: Making full Incident Date	e: 2/2/	(a)	Taomy 220 21. 2.22.		
Rmitu		<u> </u>			
	· - 19 ~/	n			
Incident Location: \$2-47 cell Incident Time	ie: 12:35p	<u> </u>			
I. REPORT OF INCIDENT					
INMATE(S) INVOLVED				\$25°00°000000000000000000000000000000000	523967 (66) \$2000 49 (56) 560 (66) \$260 (66) 560 (66) 560 (66) 560 (66) 560 (66) 560 (66) 560 (66) 560 (66) 56
Name	DIN		Cell/Cube Locations	Role Code*	*01 Bystander
Blanford R.		708	A2-47	0.3	02 Participant 03 Perpetrator
		7 4	110-11		04 Suspect
		·			05 Victim 06 Witness
IDENTIFY ALL STAFF INVOLVED IN THE USE OF	F FORCE (LIOF	,			
1. Panks, S. C.O.	1 10102 (00.	5.			
2. Johnson T. C.O.		6.	,		
3.					
4.	•	7.			
		8.			
IDENTIFY ALL STAFF PRESENT DURING THE U	OF				
1. Sel Pavis		5.			
2. Lit. Pyke		6.	1		
3. Lt. Kiepiec		7.			
4.		8.			
DESCRIBE, IN DETAIL, THE EVENTS LEADING L	JP TO THE APP	LICATION	OF FORCE (This should	include, but not	he limited to.
the following information. Reason you were at that it	ocation; descript	ion of de-es	calation attempt(s) made	and inmate's re	esponse to that
enort.)	1 7 -				
Innate Blantor		18309	108 was being	og remo	
	adm; Hed	+0	12-50 for a	Suici	de/Contrapud
watch. As the cell do	000 04	A2-41	opened, I	nuate	Blanford
attempted to Kick at	staff.		<u>/</u> ,		
1				-	

	-				
			,		
		· ·			
		A			
A 1/-					, , , _
A KIRIPIEC U	12		して.		12/21
* REPORTER # Name	Signature		Title		Date

Dist.: Original – Superintendent

CONTINUED

FORM 2104A (3/16) 2 of 2 Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

TYPE OF FORCE USED 01 Baton 03 Chemical Agents 05 Use of Firearms 07 Strike 02 Body Hold 04 Mechanical Restraints 06 Shield 99 Other
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)
officers Banks & Johnson used, body holds and
forced, innote Klanford to the ground. Once on the
ground in nate begane compliant and all force ceased.
At no time did I use force.
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)
Frank was then placed in leg restraints t
assisted to his feet. He was then to nedical a After
being seen by medical innate spanford was brought to
reception when he was stripped frisked and use of force
photos were taken. He was the placed in B2-50 without
further incident. I returned back to my normal daily
dutis.
·
REPORTER - Name Signature Title Date

Dist.: Original – Superintendent Copy – Guidance Unit file(s) of inmate(s) involved

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 23 of 37 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION FORM 2104.1 (4/12) There are other **USE OF FORCE REPORT (CONT'D)** reports filed under this Ref. Directive #4944, 4004 Use of Force Log # Date & Time of Incident Facility Use of Force Log # 212 If Unusual Incident, CCC Log # PART B - PHYSICAL EXAMINATION / TREATMENT REPORT EXAMINER'S NAME AND TITLE Date & Time of Examination MEDICAL REPORT (INDICATE DATE & TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED) EXAMINER'S SIGNATURE AND DATE PART C - REVIEW AND EVALUATION BY SUPERINTENDENT

Dist: Original - Superintendent

SUPERINTENDENT'S SIGNATURE AND DATE

Copy - Guidance unit file(s) of inmate(s) involved

Defendant 000017

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORT DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS Personnel use Only Lost Time (#1 - 14 to be completed by Employee) (check one) ☐No Lost Time

Distribution: White - Personnel

Canary - Fire/Safety Officer

Pink – Employee

Defendant 000018

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 25 of 37

FORM 1203 (02/15) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION **EMPLOYEE ACCIDENT / INJURY REPORT** DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS Personnel use Only ☐Lost Time (#1 - 14 to be completed by Employee) (check one) ☐No Lost Time

Defendant 000019 Pink - Employee

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 26 of 37

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORT

Personnel use Only DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS Lost Time (check one) ☐ No Lost Time (#1 - 14 to be completed by Employee)

Distribution: White – Personnel Canary – Fire/Safety Officer Pink – Employee Defendant 000020

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944 4004

USE OF FORCE REPORT - PART B - ADDENDUM

Tot. Directive 14-044, 4004	D ADDENDON	
FACILITY Warry 495 Date & Time of Incident 1735pm	Facility Use of Force Log #	21-019
Blanford, Rashin 188090	Cell Location A 2 - 47	·
PHYSICAL EXAMINATION / TREATMENT - DETAIL	3 // / / /	
EXAMINER'S NAME AND TITLE S. DETZOCIO RNII	Date & Time of Examination	7 010-
FRONT BACK	Q 0- 01 1038	ipm.
	() () () () () () () ()	
		A X
The last the	Sun Sun	
OD (Right)		0 0 0
		FILE
OS (Left)	<i>((</i>)	1 71
Jurnate seen in medical aff	er UDF; I	andtl
very aggitated - States "I he	we a pen	n mu
dict, you're going have to s	and me ou	A. " Tous
Foreign body insertion was v		
Inmate to nemove whateve	r he puti	nhis
penis - No trauma seen by	staff on pe	nis
during Strip Frisk. Per. NP Con		hnegard
to Foreign body - monity In	undti at to	his home.
J .		
EXAMINER'S SIGNATURE AND DATE 212 21		

Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 28 of 37

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref Directive #4944 4004

USE OF FORCE REPORT - PART B - ADDENDUM

Ref. Directive #4944, 4004	D - ADDEIADGIAI	
FACILITY Date & Time of Incident 200 1035pm	Facility Use of Force Log #	21-019
Blantord, 120 shown 18 Bogo	Cell Location A 2 - 47	,
PHYSICAL EXAMINATION / TREATMENT - DETAIL		
	Date & Time of Examination	ipm.
FRONT BACK		
$\left(\begin{array}{c} 1 \\ 1 \end{array} \right)$		(PT
OD (Right)		
OS (Left)		1 51
Jumate seen in medical of	EN MOF T	nnade
very aggitated - States "I h		n mu
	send me ou	A. " TO(2
	not withnessed	d-Enc
Invall to remove whateve		nhic
penis - No trauma seen bu	staff on pe	INIS
during Strip Frisk. Per. NP Con	igliano Wit	hingard
to Foreign budy - monitor Ir	mati at t	his hove.
0.		T. 77
		:
	(ę i
•		
EXAMINER'S SIGNATURE AND DATE		

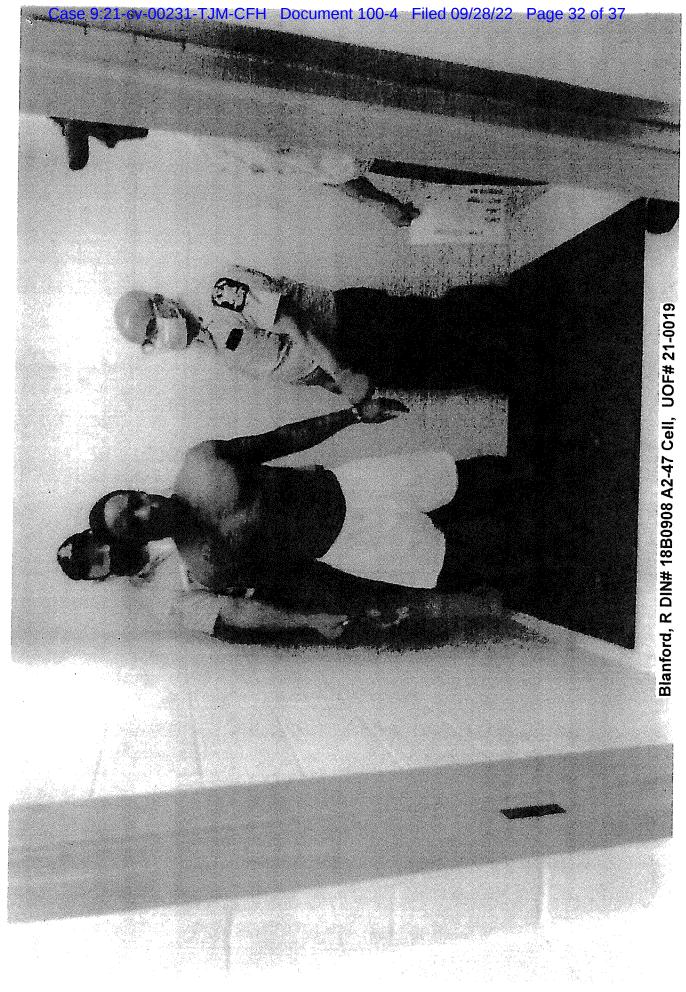
Case 9:21-cv-00231-TJM-CFH Document 100-4 Filed 09/28/22 Page 29 of 37

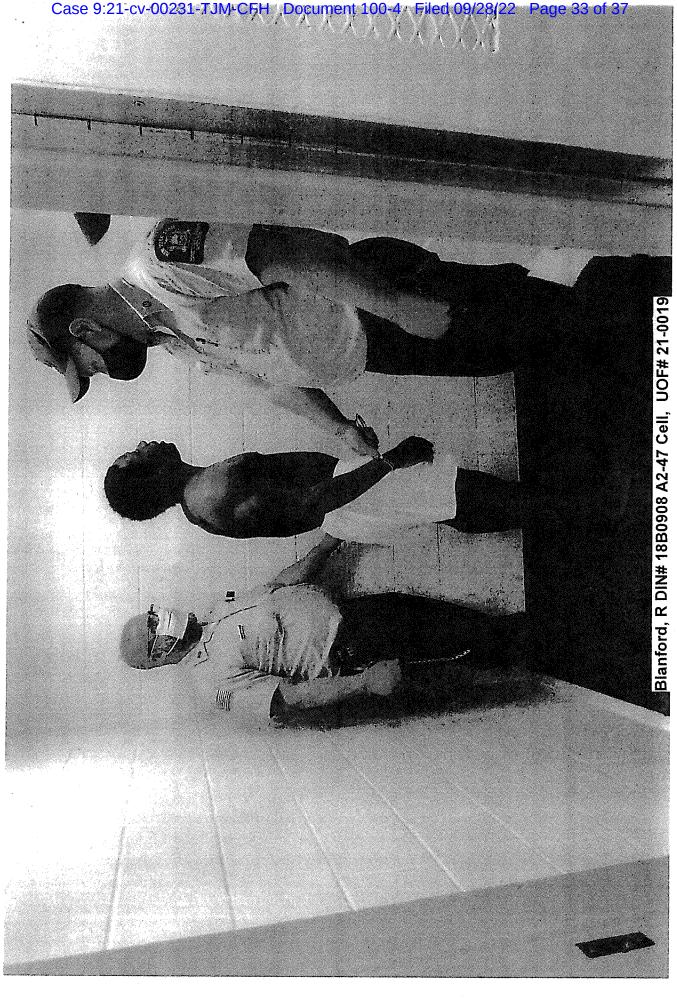
Ref. Directive #4944, 4004	USI	E OF FORCE REF	PORT (C	CONT'D)	There are other reports filed under this Use of Force Log #
FACILITY 445.	Date & Time of Inciden	ton 12358	217	Facility Use of Force Log #	21-019
INMATE NAME OUNTY A T	Rushaun,	18 BU908	2	If Unusual Incident, CCC Log #	
PART B - PHYSICAL E	EXAMINATION / TREA	TMENT REPORT			
EXAMINER'S NAME AND T	TEOCLO R	NI	Date	e & Time of Examination	38pm.
		IINATION, DESCRIBE EXT	TENT OF AN	NY INJURIES, AND DESCRIBE TRE	ATMENT PROVIDED)
Inmate s	seen in	medical	att	er UOF; In	verif
aggi tested.	- States	'I have	a	pen in my	Laide,
woure an	ma have	2 to sen	dn	e out. " +	nio
Areien bu	the inser	ton wa	<u> </u>	ot witnesse	ed-Enc
Inmate	to Remo	re what	ever	he put in	nis Deni
No fraun	na seen b	ou Sleeft	のわ	penis du	zirc strip
Ansk. R	er NP Co	Reliano	WI	th regard	10 FB -
monitor	Invidtle a	y thin	"ULM	Ш.	
	- And Marketine Company of Compan			, , , , , , , , , , , , , , , , , , ,	
· · · · · · · · · · · · · · · · · · ·					
EXAMINER'S SIGNATURE	AND DATE	2/0/01.			
PART C - REVIEW AN	DEVALUATION BY S				***
PART G-REVIEW AN	P EVALUATION D I C			111	
- het	volce V	COA D	7	J ton 1 y / m	les Folk
2160	4 600	()) con pur	10000	
3000	504/0	1 elso	0	Brestro	(cerato
	and the second	000,50	2	Trans.	e//201
Jim	7 7 00	- ded -		1 and an w	ICS J
JEK	sire A				
					\$
SUPERINTENDENT'S SIGN	NATURE AND DATE			-3 /	and the state of t

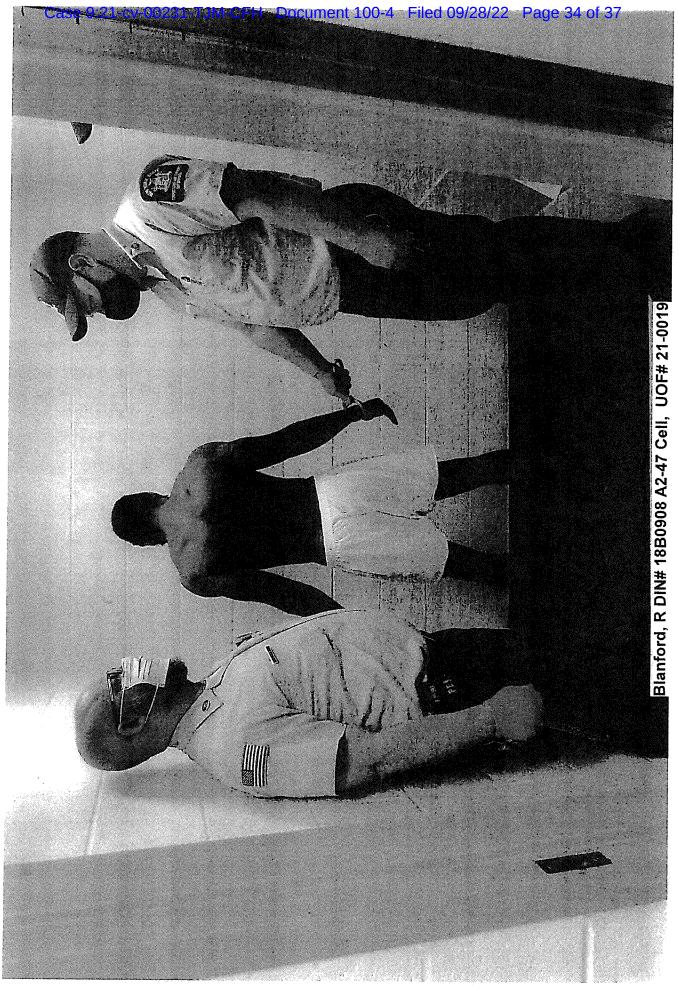
MARCY CORRECTIONAL FACILITY

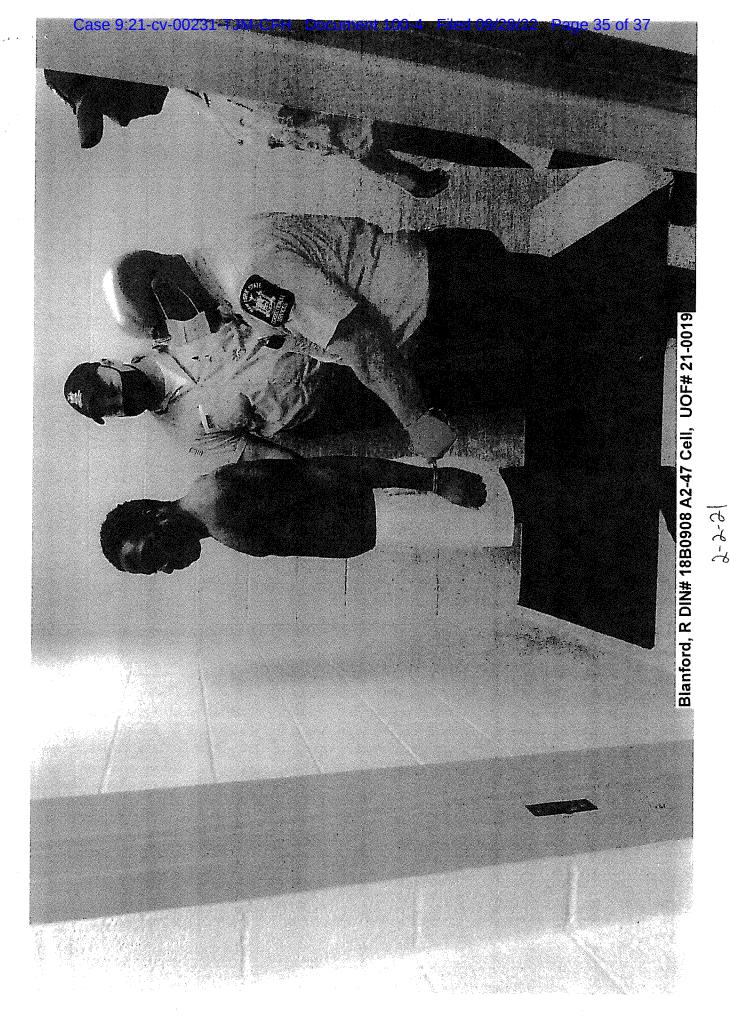
INMATE: BIANfor	DIN#_	1830908	_
PIC# 1 MUG SHOT	X		,
PIC#2 FRONT VIEW		· · · · · · · · · · · · · · · · · · ·	
PIC# 3 RIGHT SIDE			
PIC# 4 BACK VIEW			
PIC# 5 LEFT SIDE			
(PHOTOS 1-5 TA	AKEN FROM 1	0' DISTANCE WIT	H FLASH)
INCLUDE E	DESCRIPTION	OF INJURED ARE	EA (S)
PIC# 6		· .	
PIC# 7		· .	
PIC# 8			
PIC# 9			
PIC# 10			
PHOTOGRAPHER'S NA	ME AND TITL	<i>E:</i>	
DATE: 2/2/21		TIME: 12:45	_AM /PM











FORM 2171A (10/14)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

			•	
Side 1				

MARC 4 Correctional Facility

INMATE MISBEHAVIOR REPORT + INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMALE (Last, First) • NOMBRE DEL RECLUSO (Apellido, Nombre)	NO. + NUM.	HOUSING LOCATION & CELDA
Blanford, R.	1880908	A-2-47
2. LOCATION OF INCIDENT + LUGAR DEL INCIDENTE	INCIDENT DATE + FECHA	INCIDENT TIME + HORA
A-2-47 CON	2/2/21	Approx 1235/pm
3. RULE VIOLATION(S) + VIOLACIÓN/ES	2/2/21	11/440x 12 /pm
attempted		6 1 1
100.11 (assault on Staff) 104.11 (U	colent conducet) 100	1.10 (D) was order)
100		
4. DESCRIPTION OF INCIDENT • DESCRIPCIÓN DEL INCIDENTE		. \ *
While taking inmate Blanford out a	of his cell I attemp	Hed to
remove property that was in the way	so he sould be men	raised from
1.		_
his cell. Innate Blanford then attempt	ted to mule kick me	. He was
then taking to the Floor forcibly	b. nucelf and ano	the Staff
1	- 1	
member. He continued to struggle	outli les corrants co	2010 116
applied and at that time he began	to comply with no	other
force used. I was then relieved and	1 3	
	image Maritary ass	<u></u>
to medical to be seen.		
	<u> </u>	
REPORT DATE • FECHA REPORTED BY • NOMBRE DE LA PERSONA QUE HACE EL INFORME SIGNA	ATURE • FIRMA	TITLE + TÍTULO
2/2/21 5 Sanks		CO.
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES:		
ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1.	e,3,	
2 3		
NOTE: Fold back Page 2 on dotted line before completing below.		
6. WERE OTHER INMATES INVOLVED? YES ☐ NO 【 IF YES, GIVE NAME & #		
$\frac{1}{2}$		· · · · · · · · · · · · · · · · · · ·
¿HUBO OTROS RECLUSOS ENVUELTOS? SÍ O NO DE SER SÍ DÉ LOS NOME. 7. AT THE TIME OF THIS INCIDENT: (A) WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? YES	S NO (B) WAS INMATE HOUSED IN A SHU	CELL? YES NO
TO THE TIME OF THE MEDICAL PARTIES AND A CONTROL OF THE PROPERTY OF THE PROPER	□ NO □ ¿ESTUVO EL RECLUSO EN UNA CE	
_	OR+0	
(C) AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED? YES ☐ NO		
¿SE CONFINÓ/RESTRINGÓ AL RECLUSO COMO RESUTADO DE ESTE INCIDENTE? SI LI NO 8. WAS INMATE MOVED AT ANOTHER HOUSING UNIT? YES INO SI	[]	
¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA? SÍ 🔲 NO 🖂		
	THORIZED BY	
	TORIZADO POR	
9. WAS PHYSICAL FORCE USED? YES NO [] (IF YES, FILE FORM 2104)		
ESE USÓ FUERZA FISICA? SÍ DI NO DI (DER SER SÍ, SOMETA EL FORMULARIO No.	2104)	
AREA SUPERVISOR END	7.66/1	
ENDOSO DEL SUPERVIS	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	nt 000030
ENDOGO DEL SUPERVISI	Chocking / Dolonda	

MARCY CORRECTIONAL FACILITY MEMORANDUM

TO: Captain Kierpize	
FROM: S.A.Ke	
DATE: Watch Commander on Duty	
SUBJECT: U.I.# N/A CCC# _ N/A UOF#_ 21-00/9	
UNUSUAL INCIDENT/USE OF FORCE PAPERWORK TO INCLUDE IN PACKETS	
TIME THE TOP IN A MICKEYS	
1. Final U.I. or U.O.F.	TIALS
2. Photocopies of all Misbehavior Reports	6
Employee Accident Report(s)- (as required) (Original must be sent to Personnel within 24 hours)	· 60)
4. Report of Inmate Injury (as required) (Original must be sent to Fire & Safety)	(ar)
5. Memorandums from all employees involved (Originals)	NA
6. Forms 2104 and 2104.1 need to be filled out if force was used	(a)
a. Photographs (Crime Scene/Staff/Inmates/Contraband/etc.) (EACH PAGE LABELED)	6
b. All 2104a's from involved staff	40
c. Verint recording made of incident (DVD) (LABELED)	0
d. Hand held video – Use of Force – Transferred to DVD (LABELED)	NA
7. Supporting Documentation (e.g. Drug Testing Paperwork/Aggravated Harassment Paperwork)	(F)
8. U.I. Cover Sheet indicating that the packet was checked and found complete (Form in packet to be signed by W.C. on duty)	(P)
9. State Police Notified (To be done by Captains Office)	NA-

PLACE N/A IF DOCUMENTATION ID NOT NECESSARY

^{***}THIS FORM IS TO BE COMPLETED AND ATTACHED TO <u>ALL</u> UNUSUAL INCIDENTS/USE OF FORCE REPORTS***

Defendant 000031